

SAMPLE FLOW SHEET

Travel time is only paid between two clients in the same day.
 Travel time is calculated by an internet mapping system.
 Travel time earned between Client 1 and Client 2 is documented on Client 2's flow sheet.
 Travel time earned between Client 2 and Client 3 is documented on Client 3's flow sheet (continues for each applicable transition).
 Travel time is compensated at the travel rate (minimum wage).
 Employees are not compensated for travel to the first shift of the day, nor travel home from the last shift of the day.



DAILY FLOW NOTE

Office: <input type="checkbox"/> AL <input type="checkbox"/> WB	
Travel time to this client: <u>15 min.</u>	Date: <u>10/8/19</u>
This is only time accumulated <u>between</u> clients in the same day. Travel to first client and home from last client in the same day is not compensated. Travel time is subject to Corporate review on suspicion, randomly or without cause. Falsification of time is cause for disciplinary action, up to and including immediate termination.	Time In: <u>8:00</u> AM/PM
	Time Out: <u>1:00</u> AM/PM
	Total Hours: <u>5</u>
Approved Miles with Client: <u>20</u>	

Client Name: John Smith

Client Signature/Initials: John Smith

Please be sure date and times are filled in before signing.

Personal Care Given:	Yes	No	Refused	N/A	Homemaking Provided:	Yes	No	Refused	N/A
Bath: Tub / Sponge / <u>Shower</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dishes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair Care: <u>Shampoo</u> / <u>Comb</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vacuum / Sweep / Mop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nail Care: Hands / Feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Beds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Shave (electric only)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Trash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lotion	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nutrition:				
Peri Care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Breakfast</u> / Lunch / Dinner / Snack	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appetite	<u>Good</u> / Fair / Poor			
Health Issues:									
BM: Loose / Formed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pain, where?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incontinent	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Medication Reminder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transport Client:	Office Approved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Client's Car <input checked="" type="checkbox"/> Employee's Car		Odometer: <u>89400-89420</u>				

Mileage is only reimbursed when it is previously approved by the office and the employee's car is used.

In order for mileage to be reimbursed, you must complete all 4 sections.

1. Total Approved Miles with Client.
2. Office Approved?
3. Client/Employee Car

Client notes only please (for example, sleep habits, emotional status, vitals, etc.). Note any abnormalities:

Assisted with shower. Prepped breakfast. Assisted client with grocery shopping at Meijer.

Office notified about significant changes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Today was an injury-free workday for employee.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	In-Home Journal Completed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Employee Signature: Mary Jones

Date: 10/8/19

Please use black ink only. Daily Flow Sheets are due Monday's of EACH WEEK; LATE after Monday.